



Adoptive Family Reference

(Please include your name, address, and phone number with the information submitted!)

Name: _____ Date: _____

Your name has been given to *A Guardian Angel Adoptions, LLC* as a reference by _____ who is/are applying to adopt a child. To help us decide whether or not to approve this application, we are asking you to answer several questions. Your reply will be considered strictly confidential and will be used only to determine whether to consider the individual(s) as perspective adoptive parent(s).

1- How long have you known the adoptive applicants? What is the nature of your relationship? (Close friends, acquaintances, work associates, etc.)

2- As an outside observer of this family do you see any limitations in them adopting a child?

3- What special attributes do you believe qualify or disqualify the applicant(s) to meet the special needs of an adoptive child. Please also take into consideration that the child may be of a different race, disabled, or older than a newborn?

4- How have you observed this family cope with stress?

